



HANOVER PARK REGIONAL HIGH SCHOOL DISTRICT



Athletic Application and Permission Form

Hanover Park High School

Whippany Park High School

Athletic Application for: _____ School Year: _____
(name of sport)

Student Name: _____ Grade: _____

Address: _____

Home Phone: _____ Birth Date: _____ Age: _____

Emergency Telephone: _____

Student's Statement

I wish to participate in the above named sport. I understand that to do so, I must:

- a. have a signed parental permission form on file with the coach.
- b. complete an approved athletic physical examination and health update.
- c. attend faithfully to my studies and behave in a sportsmanlike manner.
- d. be eligible under Board of Education Policy and the rules of the NJ Interscholastic Athletic Association (27.5 credits per year and 13.75 credits for the second semester).
- e. be responsible for the care and safe return of all school property/equipment. I understand that I must reimburse the school for any lost or severely damaged school property/equipment.

I further confirm that I have read, understand and fully agree to abide by the Hanover Park Regional Athletic Team Disciplinary Procedures as detailed on the reverse side of this application and the NJSIAA policy concerning banned substances that includes provisions for random testing.

Student Signature _____ Date _____

Parent's Consent

I hereby give consent for my son/daughter to participate in the above athletic program and to accompany the team on scheduled athletic trips. I understand that participation in interscholastic athletics presents the potential for physical injury or death. I further understand that the District insurance for interscholastic sport coverage is an excess policy and only covers expenses after the parents have utilized their own insurance.

I have read all provisions of this application and agree to assist my son/daughter in complying with Athletic Team Disciplinary Procedures. I have also read and understand the NJSIAA policy concerning banned substances that includes provisions for random testing.

Parent Signature _____ Date _____



HANOVER PARK REGIONAL HIGH SCHOOL DISTRICT



Athletic Team Disciplinary Procedures

Purpose - The following procedures have been adopted by the Hanover Park Regional High School District to provide uniformity and continuity in determining disciplinary action for violations of the District's Athletic Code.

Code Violation

- Smoking and other tobacco products
- Consumption or possession of alcoholic beverages
- Consumption, possession or sale of drugs (other than proper use of prescribed medication)
- Theft of or vandalism to any school property (home or host school), while under the supervision of a coach or representing the school team in any way
- Insubordination
- Other negative actions, flagrant or excessive misbehavior

Hazing: The Hanover Park Regional High School District will not tolerate hazing of any kind to our student athletes. Students who disregard this rule are subject to suspension and/or expulsion from their team, as well as appropriate school disciplines set forth by the administration.

School Disciplinary Action - All violations of school board policy JFGH dealing with smoking, drugs, alcohol, theft or vandalism, at any time while the student is participating in a school function, under the jurisdiction of the school or on school property, will be reported immediately to the Assistant Principal in charge of discipline. Appropriate action will be taken as described under the established disciplinary procedures.

Team Disciplinary Action

A. **First Violation** - A team suspension period of five practice and/or game days, during which time the athlete must attend practice or games, but not participation. Students on school suspension may not participate in any team activity. School suspensions will count as part of the five-day team suspension period.

After serving the five-day suspension, the athlete may return to the team, but must participate in five practice sessions prior to taking part in any interscholastic contest. It is assumed that the coach will assign an appropriate workout schedule to enable the athlete to maintain desired physical condition, and to work and earn his/her way back onto the team.

B. **Second Violation** - If the athlete has been suspended from any school team during the school year (Sept- June), he or she will be dismissed from that team for the remainder of that particular season.

Example 1 - Two violations during fall athletic season

Result - Dismissal from team for the remainder of the fall season

Example 2 - Two violations, first during the fall season and second during the winter season.

Result - Dismissal from team for the remainder of the winter season

Example 3 - Two violations, first during fall season and second during spring season

Result - Dismissal from team for the remainder of the spring season.

C. Before the student-athlete is permitted to try out for another team during a later season, in the same school year in which two violations occur, he or she must make a formal participation request to the administrator in charge of athletics. This administrator will select three coaches to form a review committee of four, and together they will review the request and decide whether participation will be permitted.

D. **Right of Appeal** - The student-athlete may request a hearing regarding suspension from an activity by informing the administrator in charge of athletics. The hearing will take place and a decision rendered as soon as possible from the time of the appeal request. Vacation periods and holidays may require an alternate date hearing meeting to be established by the administrator.

E. Recognizing that there are degrees of violations, the school authorities reserve the right to impose immediate dismissal from the athletic activity for the remainder of that season.

Application of Code - This team suspension procedure applies to team support personnel as well as players, e.g. managers, statisticians.

Individual Team Codes - This team suspension procedure does not prevent coaches from having rules and regulations particular to their team, relating to violations not covered by the above team suspension procedures.

Due Process - The school recognizes its responsibility to make this information as widely available to students and parents as is reasonable, and to insure the student's right to due process in all matters.

In addition to the above-mentioned criteria, all athletes are required to be alcohol-free, tobacco-free, drug-free and anabolic steroid-free 24 hours a day, 7 days a week throughout the season. Athletes who use and/or are in possession of these items are subject to disciplinary action as outlined by the Board of Education Policy and may be subject to suspension and/or expulsion from their team. Attendance at parties or gatherings where alcohol, tobacco or drugs are present is strictly prohibited. Athletes must depart from such affairs or situations immediately once these substances are discovered. Failure to do that, may result in suspension and/or expulsion from their team. This rule does not restrict athletes from attending family functions where alcoholic beverages are present. The purpose of this rule is to deter underage drinking and/or substance abuse.

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STUDENT RANDOM ALCOHOL AND DRUG CONSENT-TO-TEST FORM

I understand fully that my involvement, as a participant and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules and regulation set forth by the Hanover Park Regional High School District Board of Education and the sponsors for the activity/athletic program in which I participate.

I authorize the Hanover Park Regional High School District to conduct a test on saliva, urine and/or breath, which I provide on-site to test for alcohol and/or drug use if my name is drawn from the random pool.

Pursuant to the Regulations for Policy JHCE, I authorize the following:

1. Hanover Park Regional High School District Board of Education to release specimens to the testing laboratory(ies).
2. Test laboratory(ies) to release test results to designated Medical Review Officer, MD.
3. Medical Review Officer, MD to release test results to Hanover Park Regional High School District Board of Education Student Assistance Counselor, Grade Level Administrator and/or Medical Inspector. *
4. Hanover Park Regional High School District Board of Education to release individual student name, parent's name and home phone number to Medical Review Officer, MD regarding all positive drug test results.

* All results are kept strictly confidential and are released only to those individuals named above.

I understand that I may also be randomly drug tested throughout the remainder of the school year.

(Student Name – Please Print) (Grade)

(Student Signature) (Date)

(Parent/Guardian Name – Print)

(Parent/Guardian Name Signature) (Date)

(Parent/Guardian Home Phone) (Parent/Guardian Work Phone) (Parent/Guardian Cell Phone)

I plan to participate in one of the following:

Athletic Program(s) **(Please list sport)** _____

Extra-Curricular Activities **(Please list)** _____

On-Campus parking _____

I am volunteering to be placed in the testing pool.



HANOVER PARK REGIONAL HIGH SCHOOL DISTRICT

Serving East Hanover Township, Florham Park Borough and Hanover Township
75 Mt. Pleasant Avenue – East Hanover, NJ 07936



Health History Update for Athletic Participation

To participate on a school athletic squad or team, each candidate whose medical examination was completed more than 60 days prior to the first practice session shall provide a health history update of medical problems experienced since the last medical examination. This shall be completed and signed by the parent.

Student _____ Birthdate _____ Grade _____ School _____

Address _____ Home Phone _____ Male Female

Date of last medical examination _____ Sport _____

Since the last medical examination, the above named child has experienced the following changes (please explain in full, and YES answers, including dates):

- | | | |
|---|-----|----|
| 1. Hospitalization/Operations | Yes | No |
| 2. Illnesses | Yes | No |
| 3. Injuries | Yes | No |
| 4. Care administered by a physician, advanced practice nurse or physician's assistant | Yes | No |
| 5. Medications | Yes | No |

Date _____

Parent/Guardian Signature _____

Return this form to the school nurse.